

INSTRUCTIONS

DEPARTMENT OF DEFENSE: DLAR 4140.55/AR 735-11.2/NAVSUPINST 4440.127E/AFR 400-54/MCO 4430.3E, Reporting of Item and Packaging Discrepancies, and/or DLAR 4140.60/AR 12-12/NAVSUPINST 4920.9B/AFR 67-7/MCO 4140.1B, Processing Discrepancy Reports Against Foreign Military Sales Shipments. CIVILIAN AGENCIES: See FPMR handbook cited in 19(2)(a).

REPORT OF DISCREPANCY (ROD)				1. DATE OF PREPARATION		2. REPORT NUMBER			
<input type="checkbox"/> SHIPPING <input type="checkbox"/> PACKAGING									
3. TO (Name and address, include ZIP Code)				4. FROM (Name and address, include ZIP Code)					
5a. SHIPPER'S NAME				5b. NUMBER AND DATE OF INVOICE		6. TRANSPORTATION DOCUMENT NUMBER (GBL, Waybill, TCN, etc.)			
7a. SHIPPER'S NUMBER (Purchase Order/Shipment, Contract, etc.)		7b. OFFICE ADMINISTERING CONTRACT			8. REQUISITIONER'S NUMBER (Requisition, Purchase Request, etc.)				
9. SHIPMENT, BILLING, AND RECEIPT DATA					10. DISCREPANCY DATA			11.	
NSN/PART NUMBER AND NOMENCLATURE (a)		UNIT OF ISSUE (b)	QUANTITY SHIPPED/ BILLED (c)	QUANTITY RECEIVED (d)	QUAN- TITY (a)	UNIT PRICE (b)	TOTAL COST (c)	CODE ¹ (d)	AC- ² TION CODE

12. REMARKS (Continue on separate sheet of paper if necessary)

1 DISCREPANCY CODES		2 ACTION CODES
CONDITION OF MATERIAL C1 - In condition other than that indicated on release/receipt document C2 - Expired shelf life C3 - Damaged parcel post shipment SUPPLY DOCUMENTATION D1 - Not received D2 - Illegible or mutilated D3 - Incomplete, improper or without authority <i>(Only when receipt cannot be properly processed)</i> MISDIRECTED MATERIAL M1 - Addressed to wrong activity OVERAGE/DUPLICATE SHIPMENTS O1 - Quantity in excess of that on receipt document O2 - Quantity in excess of that requested <i>(Other than unit of issue pack)</i> O3 - Quantity duplicates shipment PACKING DISCREPANCY P1 - Improper preservation P2 - Improper packing P3 - Improper marking P4 - Improper unitization	PRODUCT QUALITY DEFICIENCIES Q1 - Deficient material <i>(Applicable to Grant Aid and FMS shipments)</i> SHORTAGE OF MATERIAL S1 - Quantity less than that on receipt document S2 - Quantity less than that requested <i>(Other than unit of issue pack)</i> S3 - Non-receipt of parcel post shipments ITEM TECHNICAL DATA MARKINGS (i.e., Name Plates, Log Books, Operating Handbooks, Special Instructions, etc.) T1 - Missing T2 - Illegible or mutilated T3 - Precautionary operational markings missing T4 - Inspection data missing or incomplete T5 - Serviceability operating data missing or incomplete T6 - Warranty data missing WRONG ITEM (Identify requested item as a separate copy in Item 9 above) W1 - Incorrect item received W2 - Unacceptable substitute OTHER DISCREPANCIES Z1 - See remarks	1A - Disposition instructions requested <i>(Reply on reverse)</i> 1B - Material being retained <i>(See remarks)</i> 1C - Supporting supply documentation requested 1D - Material still required expedite shipment <i>(Not applicable to FMS)</i> 1E - Local purchase material to be returned at supplier's expense unless disposition instructions to the contrary are received within 15 days <i>(Reply on reverse) (Not applicable to FMS)</i> 1F - Replacement shipment requested <i>(Not applicable to FMS)</i> 1G - Reshipment not required. Item to be re-requisitioned 1H - No action required. Information only. 1Z - Other action requested <i>(See remarks)</i>

13. FUNDING AND ACCOUNTING DATA

14a. TYPED OR PRINTED NAME, TITLE, AND PHONE NUMBER OF PREPARING OFFICIAL	14b. SIGNATURE
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15. DISTRIBUTION ADDRESSEES FOR COPIES

16. FROM:	17. DISTRIBUTION ADDRESSEES FOR COPIES
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18. TO:	Use window envelope to mail this document. Insert name and address, including ZIP Code, starting one typing space below the left dot. Each address line must NOT extend beyond right dot. Address must not exceed four single space typing lines.
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19. IN ACCORDANCE WITH NOTICE OF DISCREPANCY ON FACE OF THIS FORM:

a. MATERIAL Fold here <input type="checkbox"/> HAS BEEN <input type="checkbox"/> WILL BE SHIPPED	DOCUMENT NUMBER	b. <input type="checkbox"/> NO RECORD OF SHIPMENT. RESUBMIT REPORT TO PROPER OFFICE UNDER APPROPRIATE REGULATION.
c. <input type="checkbox"/> AN ADJUSTMENT IN BILLING HAS BEEN/WILL BE PROCESSED AS A: <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT	d. <input type="checkbox"/> INVOICE/BILL ATTACHED	e. <input type="checkbox"/> PROOF OF DELIVERY (Parcel Post Shipments) OR EVIDENCE OF SHIPMENT ENCLOSED.
f. <input type="checkbox"/> AN ADJUSTMENT IN BILLING FOR THE REPORTED DISCREPANCY WILL NOT BE PROCESSED FOR THE FOLLOWING REASON WHICH IS CITED IN THE INDICATED REGULATION.		

(1) REASON FOR NOT PROCESSING	(2) PRESCRIBING REGULATION
(a) DISCREPANCY WAS NOT REPORTED WITHIN THE TIME FRAMES ALLOWED AND/OR	(a) CHAPTER 5 OF THE GSA HANDBOOK, DISCREPANCIES OR DEFICIENCIES IN GSA OR DOD SHIPMENTS, MATERIAL, OR BILLINGS (FPMR 101-26.8)
(b) DOLLAR VALUE DOES NOT MEET THE CRITERIA PRESCRIBED IN THE REGULATION OR AGREEMENT INDICATED IN 19f(2)	(b) CHAP. 2 AND/OR 7 OF DOD 4000.25-7-M, MILITARY STANDARD BILLING SYSTEM (MILSBILLS) AND/OR DD 1513, U.S. DOD OFFER AND ACCEPTANCE, AS APPLICABLE.

20. THE FOLLOWING DISPOSITION IS TO BE MADE OF THE REFERENCED MATERIAL:

a. <input type="checkbox"/> PROCESS FOR DISPOSAL IN ACCORDANCE WITH SERVICE/AGENCY DIRECTIVES	b. <input type="checkbox"/> REPRESENTATIVE WILL CALL FOR DISCUSSION CONCERNING DISPOSITION IN:	DAYS
c. <input type="checkbox"/> RETAIN MATERIAL AT NO CHARGE.	d. <input type="checkbox"/> MATERIAL WILL BE PICKED UP IN:	DAYS
e. <input type="checkbox"/> SHIP MATERIAL (Specify location):		
(1) <input type="checkbox"/> GBL APPROPRIATION CHARGEABLE:		
(2) <input type="checkbox"/> CHARGES COLLECT - VIA: <input type="checkbox"/> FREIGHT <input type="checkbox"/> EXPRESS <input type="checkbox"/> PARCEL POST		
(3) <input type="checkbox"/> PARCEL POST LABEL ATTACHED (4) <input type="checkbox"/> FREIGHT PREPAID		
(\$ _____ postage advanced herewith. NOTE: Please enclose postage. Material cannot be returned Parcel Post collect.)		
f. <input type="checkbox"/> OTHER (Specify)		

21. <input type="checkbox"/> IF MATERIAL IS STILL REQUIRED, SUBMIT NEW REQUISITION	22. <input type="checkbox"/> REPLACEMENT WITH SATISFACTORY MATERIAL WILL BE MADE ON OR BEFORE:	DATE
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23. REMARKS (Continue on separate sheet of paper if necessary)

24a. TYPED OR PRINTED NAME AND PHONE NUMBER OF PREPARING OFFICIAL	24b. SIGNATURE	24c. DATE
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